PCN113

COST-UTILITY ANALYSIS OF COMBINATION THERAPY OF PEGYLATED LIPOSOMAL DOXORUBICIN(PLD) AND CARBOPLATIN FOR KOREAN WOMEN WITH PLATINUM-SENSITIVE OVARIAN CANCER

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OBJECTIVES: Our objective was to perform the cost-utility analysis of comparing the combination therapy of Pegylated Liposomal Doxorubicin(PLD)/ Carboplatin with that of Paclitaxel/Carboplatin as a second-line treatment for women with Platinum-sensitive ovarian cancer among the Koreans. **METHODS:** Model : Markov model was constructed with 10-year time horizon. Treatment sequence was consisted of 1st ~ 6th line chemotherapy and best supportive care before death. Cycle length, time interval for efficacy evaluation of chemotherapy, was 9 weeks. Structure: The model consists of four health states: Responsive, Progressive, Clinical Remission and Death. At any given time, a patient may either remain at the current therapy line or make a transition to the next therapy or death. Effectiveness data: Median time to progression and survival were obtained through a systematic literature review and were pooled using meta-analytical approach. In case the required data was not available, it was elicited from opinions of expert panel. These outcomes were then converted into transition probabilities using formula. Costs and utilities: Direct cost included drug acquisition costs, costs for test, monitoring, BSC, and out-of-pocket cost. Indirect costs included transportation-related expenses. Utilities were obtained from existing literature. **RESULTS:** PLD/Carboplatin combination as the 2nd line therapy in the sequence of treatment turned out to be more effective but with higher costs, showing ICER of Korean Won(KRW) 19,712,349 (equivalent to US$ 18,093). This result was robust in all the deterministic sensitivity analyses, only except when the median TTPs were varied. The probability of cost-effectiveness for PLD/Carboplatin combination therapy was 50.6% at the willingness to pay of KRW 22,000,000 (about US$20,202), which is 2010 Korean GDP per capita. **CONCLUSIONS:** It could be safe to assert that the PLD/Carboplatin combination therapy is an economically valuable option as the 2nd-line chemotherapy for the treatment of Platinum-sensitive ovarian cancer within the Korean context.

PCN114

COST EFFECTIVENESS OF ADJUVANT CYCLOPHOSPHAMIDE IN THE TREATMENT OF BREAST CANCER IN SPAIN

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OBJECTIVES: The combination of doxorubicin and Cyclophosphamide (AC) has been a standard adjuvant breast-cancer regimen. The purpose of this analysis was to estimate the cost-effectiveness of AC compared with AT (Doxorubicin and Docetaxel), CMF (Cyclophosphamide, Methotrexate and 5-Fluoruracil) and FEC (5-Fluoruracil, Epirubicin and Cyclophosphamide) administered as adjuvant therapy to women with node-positive early breast-cancer in Spain. **METHODS:** We developed a multi-country Cost-Utility-Model to simulate the long-term consequences from initiation of adjuvant-chemotherpy over 10-years. Markov-modelling technique were used to estimate incidence of complications during chemotherapy (febril-neutropenia, chemotherapy-induced nausea and vomiting, dose-reduction, dose-delay, other grade 3 or 4 adverse-events) and long-term consequences like local or distant-relapse, acute-myelogenous-leukemia, chronic-heart-failure and death. Monte-Carlo-simulation accounted for uncertainty. The model includes twelve health-states. Probabilities were derived from clinical and epidemiological studies; direct costs (2010 Euro) from published sources from the payer's perspective. QALYs, life-years and costs were discounted at 5% p.a. **RESULTS:** Over a 10-year timeframe, costs associated with AC amounts to 13,265.88€ and 5.85 QALYs (6.49 LYs). Costs associated with AT are 15,361.89€. The cost-saving potential associated to AC amounts to 2,096.01€ per patient with comparable outcomes to AT. Costs associated with CMF are 14,144.63€ and QALYs and LYs do not differ from AC. AC dominates both AT and CMF. FEC associated total-costs are 15,138.23€ and 6.02 QALYs (6.81 LYs). Incremental costs vs. AC amounts to 1,872.35€ favorable for AC, the QALY gains are 0.17 QALYs (0.32 LYs). The incremental cost-effectiveness-ratio amounts 46,208.13€. Probabilistic sensitivity-analysis demonstrated the robustness of the model regarding input-data and assumptions. From a cost-minimization viewpoint AC remains the dominant strategy up to a price of 0.13€/mg (current price 0.01€/mg). **CONCLUSIONS:** AC chemotherapy is a cost-effective alternative to AT, CMF and FEC. AC is characterized by a clear cost advantage and comparable quality-of-life and life-years.

PCN115

COST OF SKELETAL-RELATED EVENTS (SRES) IN PATIENTS WITH BONE METASTASES TO SOLID TUMOURS BASED ON THE HEALTH RESOURCE UTILISATION (HRU) COLLECTED IN A PROSPECTIVE EUROPEAN MULTINATIONAL OBSERVATIONAL STUDY

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OBJECTIVES: Estimate the cost of SREs in patients with bone metastases secondary to solid tumours (i.e. breast, lung and prostate). **METHODS:** This study assessed county-specific HRU (in Germany, Italy, Spain and the UK [EU4]) as attributed by study investigators to SREs (defined as pathologic fracture [non-vertebral fracture, NVF; vertebral fracture, VF], radiation to bone [RB], spinal cord compression [SCC] and surgery to bone [SB]). Cost-conversion was based on country-specific HRU data (inpatient stays, outpatient visits, emergency room visits, nursing home/long-term care facility stays, home health visits and outpatient procedures) collected retrospectively for 90 days prior to enrolment and prospectively for up to 18-21 months. Unit costs were collected from 2010 national sources. GBP were converted into Euros (£1=1.12867 Euro). **RESULTS:** A total of 478 eligible patients contributed 893 SREs (109 NVF, 48 VF, 585 RB, 61 SCC and 90 SB) during the study period which, were used for cost conversions. Mean cost per NVF across the EU4 ranged from 1720€ (Germany) to 3209€ (Spain). Mean cost per VF was lowest in the UK (1015€), was more than twice as costly in Germany and Italy (2100€) and highest in Spain (6968€). In the UK, mean cost per RB was about 3 times lower and cost per SCC was approximately twice as costly relative to the other European countries. Mean SB cost was 3348€ in Italy and 4263€ in Spain and was twice as costly in Germany and the UK. Cost variation was linked to the type of HRU and differences in local unit costs. **CONCLUSIONS:** All SREs are associated with substantial costs and cost per SRE type varied depending on the type of HRU and local unit costs. Preventing SREs in patients with bone metastases may help to reduce the financial burden to the European healthcare systems.

PCN116

COST-EFFECTIVENESS OF DENOSUMAB VERSUS ZOLEDRONIC ACID (ZA) FOR THE PREVENTION OF SKELETAL-RELATED EVENTS (SRE) IN PATIENTS WITH BONE METASTASES FROM SOLID TUMORS IN THE NETHERLANDS

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OBJECTIVES: The objective of this study was to perform a model-based economic evaluation of denosumab vs. ZA in the prevention of SREs in patients with bone metastases from advanced solid tumors based on data from head to head phase III clinical trials in breast cancer (BrCa), prostate cancer (PrCa) and other solid tumors (OST), excluding multiple myeloma. **METHODS:** Three separate three-state Markov models (On Treatment, Off Treatment, and Dead) were developed for each cancer type. Constant SRE incidence rates estimated from the clinical trials were used for denosumab and ZA within each study. Overall survival was not significantly different between treatments, and was estimated using parametric distributions for extrapolation beyond the trial duration. Analyses were based on a lifetime model horizon and trial-based discontinuation. SRE-related utility decrements were derived from trial-based EQ-5D data. SRE-related costs and administration cost were based on local data. Costs were discounted 4% and QALY outcomes at 1.5% according to local guidelines. The models predictions were validated by comparing the SRE predictions against those observed in the clinical trials. **RESULTS:** Denosumab resulted in fewer SREs, higher QALYs, lower SRE-related costs, lower administration cost and higher medication and total cost. The predicted incremental cost-effectiveness ratio (ICER) per SRE avoided was €1,644, €3,475, and €690 and the ICER per QALY gained was €26,524, €44,622, and €11,660 for BrCa, PrCa and OST, respectively. One-way sensitivity analyses were performed including administration cost, SRE and adverse event cost and SRE QALY decrements. Administration costs were important drivers of results. **CONCLUSIONS:** Denosumab provides superior effectiveness vs. ZA with fewer SREs predicted over patients lifetime. The estimated incremental cost/QALY indicates that denosumab is cost-effective vsersus ZA in The Netherlands and represents good value for money in prevention of SREs in patients with bone metastases from all advanced solid tumors based on commonly accepted thresholds.

PCN117

HEALTH RESOURCE UTILISATION (HRU) ASSOCIATED WITH SKELETAL-RELATED EVENTS (SRES) IN PATIENTS WITH BONE METASTASES (BMS): RESULTS FROM A RETROSPECTIVE, MULTINATIONAL EUROPEAN STUDY

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OBJECTIVES: Patients with BMs from advanced cancer experience SREs (radiation/surgery to bone, pathologic fracture or spinal cord compression). Limited data exist on the financial burden of SREs. HRU data will support healthcare resource planning and the assessment of new products that prevent/delay these events. **METHODS:** Eligible patients with BMs from breast/lung/prostate cancer or multiple myeloma were enrolled in centres in Austria, Czech Republic, Finland, Greece, Poland, Portugal, Sweden and Switzerland. HRU extracted from patient charts included inpatient stays, outpatient visits, day care visits, emergency room visits, procedures, etc. We present HRU data for Austria, Czech Republic, Poland, Sweden and Switzerland (collected retrospectively from both 3.5 months prior to the SRE and 3 months after the SRE). **RESULTS:** A total of 658 eligible patients with at least one SRE were enrolled across five countries (36%, 13%, 27% and 25% had breast, lung and prostate cancer and multiple myeloma, respectively). Across all tumour and SRE types, mean increase from baseline in number of inpatient stays per SRE for Austria, Czech Republic, Poland, Sweden and Switzerland, respectively, were 1.0(95%CI:0.7-1.3), 0.8(95%CI:0.6-1.0), 0.9(95%CI:0.7-1.1), 0.8(95%CI:0.6-0.9) and

0.9(95%CI:0.7-1.1), with a mean increase in total length of stays per SRE of 16.4(95%CI:13.1-19.8), 11.4(95%CI:8.0-14.8), 10.9(95%CI:8.8-13.0), 13.4(95%CI:9.3-17.4) and 17.2(95%CI:13.6-20.7) days, respectively. For the same countries, the mean increase in number of outpatient visits per SRE were 3.8(95%CI:2.7-4.9), 4.7(95%CI:3.5-6.0), 1.1(95%CI:0.7-1.5), 1.3(95%CI:0.7-1.8) and 5.2(95%CI:4.0-6.5). Mean increase in number of procedures per SRE were 10.9(95%CI:9.5-12.2), 6.9(95%CI:5.6-8.2), 4.4(95%CI:3.7-5.0), 4.7(95%CI:3.9-5.6) and 10.1(95%CI:8.8-11.4). Data by SRE type show considerable HRU variation. **CONCLUSIONS:** Data indicate that SREs may result in a mean increase of 0.8–1.0 inpatient stays with a mean total duration of 10.9–17.2 days. SREs are also linked to numerous outpatient visits and procedures. Thus, a further reduction in the number of SREs by new bone-targeted agents should reduce the financial burden on European health care systems.

PCN118

CONSUMPTION OF ANTINEOPLASTIC AGENTS IN SLOVAK REPUBLIC WITHIN PERIOD OF 2006-2010

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OBJECTIVES: The main objective of this study was to evaluate the utilisation of antineoplastic agents in Slovak Republic during the period of 2006-2010. **METHODS:** Statistical analysed data including the number of medicine packages, DDD and financial expenditures were abstracted from the Slovak Institute of Drug Control. Key data were provided by wholesalers due to their legal obligation towards the SIDC. **RESULTS:** Consumption of antineoplastic agents in terms of DID (DDD/1000 inhabitants/day) reached its highest peak in 2007 with 31,12 and the lowest value of DID was observed in 2009 with 27,30. The total expenditures doubled their volume within period of 2006-2010 from 56,021,412 € to 111,646,240 € respectively. Number of delivered packages showed slight increase from 426,412 in 2009 to 629,782 in 2010 while price per single package was rising from 131,29 € (2006) to 197,68 € (2008) and then decreased to 177,28 € (2010). Resulting from further study the highest consumption in terms of DID was reached by gemcitabine (7,38 in 2006 and 7,21 in 2010), ifosfamide (5,91 in 2006 and 6,94 in 2010) and fourouracil (2,56 in 2006 and 3,26 in 2010). Expressed in financial units the most costly antineoplastic agent in 2006 was imatinibum with 8 569 021 €, followed by rituximab with 4,896,000 € and irinotecan with 4,888,660 €. In 2010 reached paramount financial consumption bevacizumab with 17,771,426 €, trastuzumab with 10,173,699 € and imatinibum with 8,212,353 €. **CONCLUSIONS:** Expenditures for antineoplastic agents are continually rising as a result of biological treatment establishment. There is observed significant increase of their consuption due rheumatic diseases treatment.

PCN119

LACK OF DATA FOR INDIRECT COSTS ASSOCIATED WITH TREATMENT OF EARLY BREAST CANCER

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OBJECTIVES: To review and analyse studies capturing indirect costs of treatment in EBC. Indirect costs can form a substantial part of the treatment cost and have a considerable impact on both the patient and society. **METHODS:** A literature review was conducted to identify publications that included indirect costs of EBC treatment. Indirect costs were defined as various out-of-pocket expenses or productivity losses. Medline, Embase, EmCare, Cochrane, NHSEED, HEED and EconLit databases were searched for published articles (January 2000 to November 2010), using pre-specified terms. A targeted internet search also captured publications from national websites in 10 countries. Indirect cost data were analysed to identify trends and a gap analysis was performed. **RESULTS:** Only 28 studies reported relevant data; they included data from economic models (based on thousands of patients), observational studies (including 22-324 patients), databases and surveys. The majority of studies reported indirect costs per patient; two studies reported cost to society, but rarely as part of total costs of EBC. Data collation and reporting was inconsistent across studies due to a variety of methods, definitions and outcomes, which made cross-comparisons difficult. Productivity losses and out-of-pocket costs were the most frequently reported outcomes (54% and 46% of studies, respectively). Mortality-associated costs were captured in 11% of studies. **CONCLUSIONS:** It was difficult to draw quantitative conclusions from the studies included in this review due to the paucity of studies, lack of standardisation and inconsistency in reporting of data. Reducing indirect costs would ease the financial burden to society, owing to the majority of patients being of working age. Identified cost data will be presented in the forthcoming poster; however, further work is required.

PCN120

THE NATURAL HISTORY OF FLUDARABINE-REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA PATIENTS WHO FAIL ALEMTUZUMAB OR HAVE BULKY LYMPHADENOPATHY – A EUROPEAN PERSPECTIVE

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OBJECTIVES: To describe the current pattern of care and resource utilisation in Europe for patients with fludarabine-refractory chronic lymphocytic leukaemia (CLL) who are either refractory to alemtuzumab (DR) or ineligible for alemtuzumab due to bulky lymphadenopathy (BFR) **METHODS:** Medical charts were reviewed from nine sites in France, Germany, Italy, Spain and the UK. Patient charts with an index diagnosis of DR or BFR between January 2002 and June 2008 were abstracted, with a pre and post-index review period of 6 and 18 months respectively. **RESULTS:** Data are from an interim analysis of 37 patients, 62% (n=23) DR and 38% (n=14) BFR. Median time between first diagnosis and index refractory diagnosis was 5.2 years. Average age was 62.2 (range 41-77), 76% were male and average number of co-morbidities was 2.2. Many patients (59%) died during the post index period with median survival following diagnosis of refractory disease being 6.2 months. In the pre-index period the average number of pharmacotherapy regimens was 0.9 (range 0-3) and in the post-index period 1.4 (range 1-4). During the 24 month review period the most frequent single agent regimens were alemtuzumab (38% patients) and methylprednisolone (19%). Patients receiving combination therapy most frequently received rituximab (43%), mainly in combination with CHOP (16%), fludarabine/cyclophosphamide (11%), and bendamustine (8%). 89% of patients experienced at least one treatment related adverse event, including infection (76%), anaemia (76%), thrombocytopenia (68%) and neutropenia (62%). Average number of post-index A&E visits was 0.8 and inpatient stays 1.9, the majority (86%) relating to CLL or its treatment. Average inpatient stay was 11.2 days. Most patients (81%) had multiple diagnostic investigations (average 11.5), predominantly CT scans (average 6.1) and X-rays (average 2.0). **CONCLUSIONS:** This study demonstrates the high economic burden and continuing unmet clinical needs of patients with fludarabine-refractory CLL disease in Europe.

PCN121

CHALLENGES IN CONDUCTING PHARMACOECONOMIC ANALYSES IN CENTRAL AND EASTERN EUROPE – CASE STUDY ON BREAST CANCER

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OBJECTIVES: Health technology assessment (HTA) is rapidly developing in CEE countries as new technologies are difficult to finance with scare resources. Researchers often struggle with limited local epidemiologic and cost data. Therefore transferability of resource utilization from one to other markets is becoming an interesting topic. Late 2009 we conducted a study of advanced breast cancer in four CEE markets (Poland, Hungary, Slovak and Czech Republics). The project aimed to assess treatment sequence and resource used. **METHODS:** A common questionnaire was distributed to oncologists managing about 30 % of all oncology patients. The assessed periods of advanced breast cancer were: a) treatment initiation; b) routine follow-up on active treatment; c) pre-progression follow-up; and d) progression period. Data were extracted from hospital information systems and patient's charts retrospectively. Final results covered individual treatment/disease periods and total treatment course. **RESULTS:** Similar proportions of breast cancer patients precede to second-line treatment, we found differences in patients proceeding to third line treatment. In Czech about 67 % of treated completed 3 lines chemotherapy, in Poland it was about 30 %. In Czech and Slovakia taxane monotherapy represented the preferred first-line choice, Poland and Hungary favoured combination chemotherapy. We found differences across countries such as cancer care organization, guideline availability, number of oncologists. The above mentioned differences resulted in cost variations per patient from about 6 thousand USD (excluding chemotherapy) in Poland to 12 thousand USD in Hungary. Positions with highest relevance to cost differences were frequency and reimbursement of in-patient management and BS/palliative care. **CONCLUSIONS:** As cancer care organization, treatment algorithms and reimbursement for services differ, there is limited value in transferring cost data across CEE countries. The observed differences are especially relevant for cancer care where market access for new technologies might be un-equal in particular health care systems.

Cancer – Patient-Reported Outcomes & Preference-Based Studies

PCN122

DISCLOSING TRADITIONAL & COMPLEMENTARY MEDICINES (T&CM) USE TO THE HEALTH CARE PROVIDERS: A QUALITATIVE STUDY AMONG CANCER PATIENTS AT A LOCAL HOSPITAL IN MALAYSIA

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OBJECTIVES: This research study aimed to investigate the cancer patients' beliefs towards disclosing T&CM use to the health care provider. **METHODS:** Qualitative methodology was adapted to collect in-depth information with consented cancer patients. The participants were recruited from the oncology wards at Penang General Hospital from February till July 2010. Patients with different types of cancer and stages were recruited from the three major ethnic groups in Malaysia namely Malay, Chinese and Indians. Upon institutional ethical approval and informed consent from the participants, 20 semi-structured interviews were conducted. All interviews were audiotaped, transcribed verbatim and translated into English for thematic content analysis. **RESULTS:** Mixed beliefs were reported and a total of 4 themes were identified from the interview analysis: fear of termination of therapy by the physicians, fear of interaction with the orthodox medicines, perceived disinterest by the physicians and perception that T&CM are simple and its discussion to the physicians is irrelevant. Most of the patients agree that T&CM disclosure is important to avoid any interaction with the chemotherapy or radiotherapy. On the other hand, patients believe that T&CM discussion is not important due to the lack of physicians' knowledge & interest in discussing T&CM. A common perception regarding the simplicity in nature of some of the non-invasive traditional modalities such as prayers, spiritual & faith healing was reported as reasons of not disclosing T&CM use to the physicians. **CONCLUSIONS:** Understanding the underly-